

EXHIBIT 42

Kalamazoo Public Schools
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CONFIDENTIAL

MULTIDISCIPLINARY EVALUATION TEAM REPORT

NAME: K.B.
BIRTHDATE: 5/22/06
AGE: 13
PARENT: H.B.
ADDRESS: 709 Garland Apt. B
TELEPHONE: 269-348-3148
REASON FOR REFERRAL:
Parent Request

SCHOOL: Milwood Magnet
GRADE: 8
DATES TESTED: ---
DATE OF REPORT: 10/23/19
TEAM MEMBERS:
Erik Eldred - School Psychologist
Kirsten Jennings - Social Worker

SOURCES OF INFORMATION:

School Records
Teacher Interview
Individual Testing
Observations

TESTS ATTEMPTED TO BE ADMINISTERED:

Kaufman Test of Educational Achievement – Third Edition (KTEA-III)
Wechsler Intelligence Scales for Children – Fifth Edition (WISC-V)
Behavior Evaluation Scale-Fourth Edition: Long (BES-4:L)
Survey of Common Characteristics

MEDICAL INFORMATION – CURRENT:

H.B. states that K.B.'s general health is "great," and reports no diagnoses or medications prescribed at this time. H.B. does not have any concerns about K.B.'s speech, and said she is getting an eye doctor appointment soon to have her vision checked. K.B. is seen at the Family Health Center, and H.B. believes her last well-child visit was in January of 2019. H.B. reports K.B. has an appointment on October 16 with behavioral health at the Family Health Center.

Records received from the Family Health Center on 9/20/2019 indicate that K.B. was last seen in their clinic on 8/2/2017, and there are no medical diagnoses on file. Kalamazoo Community Mental Health provided the Kalamazoo Public Schools with a diagnosis document dated 7/15/2019 indicating K.B. was diagnosed with Oppositional Defiant Disorder (ODD) and a rule-out of Attention Deficit Hyperactivity Disorder (ADHD) at her CMH intake interview, which led to her referral for wraparound and home-based therapy services.

SCHOOLS ATTENDED:

Grade	Dates	Schools	½ days absent
K	11-12	Woodward	14
1	12-13	Woodward	11
2	13-14	Woodward	32
3	14-15	Woodward	24
4	15-16	Woodward	32
5	16-17	Woodward	27
6	Sept 17 - April 18	Hillside Middle	45
6	4/18-6/18	Alternative Learning Program	
7	9/6/18-4/25/19	Alternative Learning Program	39
7-8	4/25/19 - 9/12/19	Homebound Services	
8	9/13/19 - present	Milwood Magnet	14

DISCIPLINE FILE REVIEW

Grade	Dates	School	Referrals	Suspensions
K	11-12	Woodward	0	0
1	12-13	Woodward	2	2 In-school
suspensions				
2	13-14	Woodward	5	0
3	14-15	Woodward	4	0
4	15-16	Woodward	10	4
5	16-17	Woodward	3	0
6	9/17 - 4/18	Hillside Middle	13	5
6	4/18 - 6/18	ALP	18	8
7	18-19	ALP	66	20

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8 19-20 Milwood Magnet 26 5

BACKGROUND INFORMATION:

The school social worker met with K.B. along with K.B. and her wraparound worker, on September 26, 2019. K.B. lives at home with her mother and twin sister K.B., who is attending Hillside Middle School. A younger brother and her maternal grandmother recently moved to Mississippi, and K.B. family moved into a new neighborhood three days ago. H.B. describes K.B. as a "people person" who gets along well with everyone and enjoys watching movies, going to the park, and doing hair.

H.B. states that K.B. general health is "great," and reports no diagnoses or medications prescribed at this time. H.B. does not have any concerns about K.B. speech, and said she is getting an eye doctor appointment soon to have her vision checked. K.B. seen at the Family Health Center, and H.B. believes her last well-child visit was in January of this year. K.B. has an appointment on October 16 with behavioral health. The family currently has the following supports in place: a family support partner from ASK and a housing resource caseworker. K.B. has a wraparound worker from CMH who has been working with her since July, as well as a home-based therapist who has been working with her since August. H.B. reports that her therapist is working with K.B. to take a break and take deep breaths when she gets upset at school. K.B. also has a mentor through the Big Sister program, who helps her with homework and takes her on social outings.

H.B. relayed several major changes in the family over the past several years. H.B. lost her vision about four years ago due to a tumor on her optical nerve, and her independence has been greatly reduced. She believes both K.B. and her sister are more protective of her now that she is disabled. H.B. mother had lived with them and been a strong support in their lives, and since she moved to Mississippi in her retirement, H.B. and her daughters have been on their own.

H.B. recognizes the behavioral difficulties K.B. has had in school, but states that she does not have any problems K.B. is acting out at home. When K.B. has a discipline referral at school, H.B. adds consequences at home as well (such as extra chores or taking away electronic devices). H.B. often wonders if K.B. is acting out at school in order to get sent home to be with her. H.B. did report that K.B. has an open case in juvenile court due to an incident of assault that occurred at the end of last school year. K.B. just had a court date last week (week of September 16) and the family is not sure when the next date will be held.

Academically, H.B. worries that K.B. behind her classmates. She feels reading is the hardest subject area for K.B., and reports that her sister K.B.

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sometimes teases her at home when she has difficulty with her school assignments. H.B. would like to see K.B. do well in school.

The school social worker spoke with K.B. on September 26 as well (she was with her mother because she had been suspended from school). K.B. reports that she is getting used to the larger school environment at Milwood and her favorite classes are science and computer apps. K.B. reported having no problems during the school day or on the bus.

TEACHER REPORT:

K.B. teachers report that K.B. was well behaved and attentive during her first week at Milwood Middle School. She participated in class, asked questions, and generally followed adult directions. K.B. would independently check with teachers about what work she needed to catch up on and when assignments were due.

After about a week of school, K.B. began to skip class with several of her peers. She is now part of a peer group of four to five female peers who frequently skip class and engage in conflicts with other peers. K.B. appears to have become the leader of the group as her peers often look to her for direction. K.B. uses a high rate of profanity and directs her language towards staff and peers. Staff have observed her using her phone to initiate, or continue, conflicts with peers.

K.B.'s teachers have been keeping an Antecedent-Behavior-Consequence (ABC) chart to track K.B. positive behaviors as well as behavioral incidents. Most of K.B. incidents are threatening/intimidating others, use of obscene language, and disrespect towards staff. The disrespect towards staff include obscenities and inappropriate comments such as, "Do you like it when your husband calls you baby-girl," or "take your black-%% back to Africa."

CLASSROOM OBSERVATION DATES:9/16/19 - School Psychologist

K.B. arrived to fourth period on time but with her hood up. As she entered the classroom, she removed her hood and went directly to her seat. K.B. appropriately asked her teacher for assistance with the process for morning work and listened to the explanation. K.B. immediately began to work on her Chromebook. A few minutes later, her teacher approached her and gave her a ticket. As K.B. was relatively new to the class, she asked her teacher what the ticket was for and listened to the explanation of the classroom reward system.

The class was directed to turn off their Chromebook and K.B. immediately replied. The class watched a video and had a discussion about what they had

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viewed. K.B. was attentive throughout the process and frequently raised her hand to participate in the conversations.

Eventually, K.B. asked her teacher for a bathroom break. She was given permission to leave the class and returned quietly and appropriately in fewer than five minutes.

9/16/19 - School Psychologist

K.B. was observed in the cafeteria. She spent her lunch time with a group of three female peers. They socialized throughout the lunch period and frequently laughed together. K.B. spent a significant amount of time on her phone but was continued to interact appropriately with her peers and followed all adult directives in the cafeteria. A fight occurred in the cafeteria that caused a significant amount of commotion. K.B. remained at her seat with her friends and was one of the few students to generally ignore the fight.

9/18/19 - School Psychologist

K.B. arrived to class on time. Before she entered the class, she yelled down the hall to a male peer, "I'll see you later, baby!" Instead of entering the classroom, K.B. walked down the hall to meet a peer group. As a result, K.B. was two minutes late to class, but entered quietly and went directly to her seat.

Once she entered the room, K.B. asked a peer for assistance logging on. Many of the students were having difficulty with the online assignment and needed assistance. K.B. appropriately asked her teacher for help on three occasions and accepted the assistance. Her work effort for the remainder of the observation was inconsistent. While K.B. did work on the task, she spent a lot of time making eye-contact with male peers and making subtle gestures to them. K.B. and the peers were consistently smiling and quietly laughing during these communications.

9/18/19 - School Social Worker

The school social worker observed K.B. in her fourth period science class. K.B. arrived to class on time and went to her assigned seat. Another student was passing out folders and she yelled "Y'all can hurry up with my folder!" K.B. asked Ms. Doorlag if she could go to the bathroom, and her teacher asked her to wait until 10 minutes of class had passed (school rule). K.B. agreed. She continued blurting out, such as "I can't find my folder!" "Boy, put your binder down!" No other students in the class were blurting out at this time; for the first twenty minutes of class K.B. made at least 11 outbursts. Students were working on laptops to complete their warm-up. K.B. had her laptop open but was not working. She eventually said "I can't find my folder to do the work!" and her teacher brought her a replacement folder. When Ms. Doorlag started a video for

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the class to watch while taking guided notes on a worksheet, K.B. sat quietly watching the video but did not take notes. She asked again to go to the bathroom at 10:59. She took the pass and returned to class within four minutes. When she returned to class, she asked Ms. Doorlag for help finding her spot in the assignment. From 11:10 through the rest of the class period, students were asked to work on an assignment in google classroom. K.B. worked intermittently on her laptop, sometimes looking around the room, but rarely blurting out. When the class ended at 11:45, K.B. pushed in her chair, cleaned up her work area, and quietly left the room.

9/20/19 - School Social Worker

The school social worker observed K.B. in her first period Social Studies class. K.B. arrived to class before the bell and asked a classmate to go to the bathroom with her. When the classmate declined, she replied "OK, fuck you." To begin the class, Mr. Perry reviewed the class dojo points and set a goal for the day. K.B. was listening and engaged. She completed her morning warm-up activity at her table, sometimes stopping to put on lip gloss or blurting out "Can you stop cussing?" to her seatmates. Mr. Perry reviewed the answers to the warm-up with the class and K.B. took notes but did not volunteer any responses. The majority of the class period was spent by Mr. Perry leading a class discussion reviewing information and timelines of the period of history the class was studying, and students were expected to take Lancer notes through the discussion. K.B. sat quietly and took notes throughout the class discussion but did not participate in the discussion. When the class ended, K.B. packed up her materials and left the room quietly.

TEST BEHAVIORS:

9/25/19

I met K.B. at the door to her classroom and stated that we needed to get a little work done. She smiled and said, "Oh, OK. Just a minute. I need to take care of something." K.B. then called down the hall to a friend and went to meet the friend before disappearing around the corner. I spend twenty minutes walking around the building in an attempt to find K.B. and her peer but could not find her.

9/30/19

K.B. is absent

10/1/19

I had spent the entire day at Linden Grove and came to Milwood at 1:45 PM. K.B. was in the hall laughing with several of her peers. When she saw me, she pointed at me and said to her peer, "This guy is everywhere I go. I am tired of

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seeing him around. Come on. Let's get out of here." K.B. and the peer held hands and skipped down the hallway while laughing.

10/2/19

I waited outside of K.B.'s first period class to work with her. I said hello and that I needed to work with her for a bit today. She replied, "Oh, OK. Let me do something." She then laughed and ran to her peer group before disappearing around the corner. I followed her around the corner and found K.B. and her friends laughing and joking in the hallway. She saw me and said, "This guy again. He's following me everywhere I go. I ain't gonna work with that stalker." I asked if I could just talk to her for a second. She waved her hand and walked off to class with her friends.

As I walked to K.B.'s second period class, K.B. was in the hall speaking with her teacher. She saw me and stated, "No. I will not work with that man. He is a stalker" and went in the class. I waited outside of the classroom and heard her loudly telling her teacher I was stalking her. She stated that I hung out by the bathrooms and waited for by the bathrooms. I had never been near her when she was by the bathrooms. She then stated that if I kept following her, she would skip school until I went away. I felt that if I entered the classroom, K.B.'s behavior would escalate, so I left.

10/2/19

I was dropping off another student. K.B. was hanging out in the hallways with several peers and laughing. When I walked by, she yelled, "Hey, I ain't working with you." I waved and said, "I am actually working with someone else right now." K.B. replied, "It's about damn time" and continued socializing with her peers.

10/2/19

I was leaving for lunch. K.B. was wandering the halls with a friend. She approached me and demanded to know why I was following her. I told her I was going to lunch and I just happened to walk by her. K.B. asked why I had followed her this morning and I replied, "We needed to do some work together." K.B. told me, "That's not going to happen."

10/7/19

I was walking to a sixth grade class to observe a sixth grade student. K.B. was roaming the halls with her friends. When she saw me she yelled, "Hey, I ain't working with you so don't bother chasing me today."

INDIVIDUAL TESTING:

2018 Special Education Evaluation

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K.B. was evaluated for special education services in January of 2018 while at Hillside Middle School. At the time, she was found ineligible for special education services. Data are reported below:

WISC-V Full Scale IQ: 82

KTEA-III

Word Recognition	84	14th percentile
Reading Comprehension	81	10th percentile
Reading Composite	81	10th percentile

Math Concepts & Applications	79	8th percentile
Math Computation	77	6th percentile

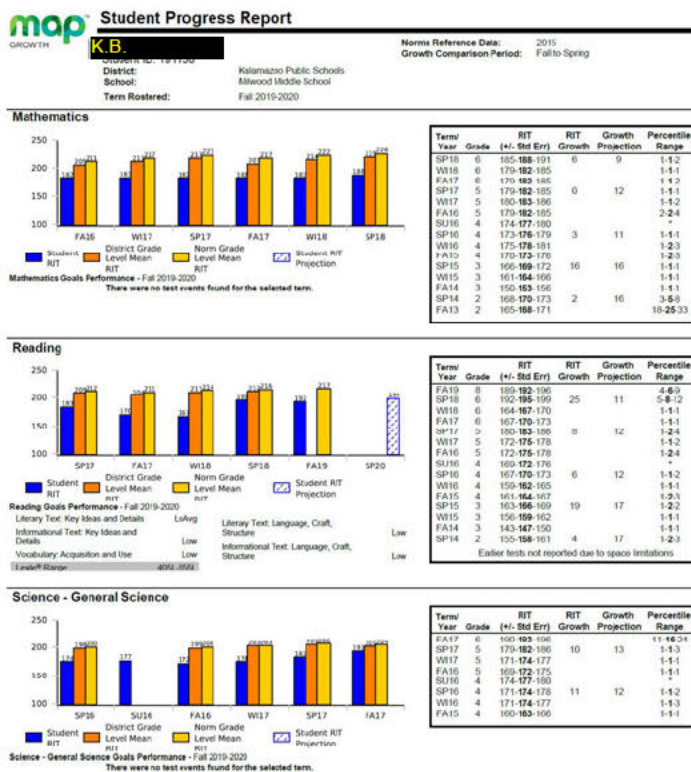
The report noted a history of absenteeism and stated that, at the time of the report, K.B. had missed all, or part of, 67% of the school days in 6th grade. The report noted that there was no pattern of strengths and weaknesses.

No additional assessment was able to be completed with K.B. As noted above, K.B. refused to work with the school psychologist and went to considerable effort to avoid the testings.

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BES-4 ASSESSMENT

The BES-4:L (Behavior Evaluation Scale-Fourth Edition: Long) assessment was completed with **K.B.** general education science teacher, Ms. Doorlag, as well as her mother, **H.B.** Ms. Doorlag completed the survey on October 11, 2019, and **H.B.** completed the survey with the school social worker on September 26, 2019. The BES-4:L focuses on behaviors in five subscale areas: Learning Problems, Interpersonal Difficulties, Inappropriate Behavior, Unhappiness/Depression, and Physical Symptoms/Fears. Within these

subscales, the BES-4:L provides an assessment of the characteristics of behavior disorders most relevant to the educational setting.

The BES-4:L provides an overall quotient score, standard scores in each of the five subscales, as well as individual item ratings. The quotient score is a global measure of a student's overall behavior problems, with a mean of 100 and a standard deviation of 15. Quotient from 85-115 are considered within the normal range of behavior. Scores below 85 are more than one standard deviation below the mean. The subscale standard scores provide a measure of specific clusters of behavior problems in each subscale area. Behaviors in each subscale are ranked on a scale of 1 (not observed) to 7 (observed continuously throughout the day). Subscale standard scores have a mean of 10 and a standard deviation of 3. Subscale standard scores of 7-13 are considered statistically average. Scores below 7 fall one standard below the mean and a serious level of concern. In general, students who score more than one standard deviation below the mean are in need of a behavior intervention plan or other accommodations in order to be successful at school. **K.B.** scores and an interpretation are outlined below.

	Learning Problems	Interpersonal Difficulties	Inappropriate Behavior	Unhappiness / Depression	Physical Symptoms / Fears	Quotient	
						Standard score	Percentile
Parent	1	8	4	7	11	81	10th
Teacher	7	1	1	7	7	78	7th

In the home BES-4:L assessment, within her age range, **K.B.** scored an overall quotient of 81, at the 10th percentile. This score falls more than one standard deviation below the mean, in the At-Risk range. Subscale scores and behaviors of concern are discussed below.

The Learning Problems subscale assesses behaviors conducive to learning, study habits, assignment and homework completion, work habits, academic performance, memory and comprehension skills, and skill in following oral and written directions. It represents the children and youth who do not respond to traditional learning experiences and are not successful in learning without special attention or assistance in the home environment from parents or guardians. The understanding is that the learning difficulty is behavioral, thus constituting its inclusion in the need to consider the failure to learn, without other explanation, as a behavior disorder. In **K.B.** case, it is likely that her significant absences from school over multiple years also contribute to her learning difficulties.

K.B. scored at three standard deviations below the mean on the Learning

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Problems subscale. The following are primary behaviors of concern:

- Has difficulty with short-term or long-term memory (e.g., does not remember directions, does not recall information previously learned, etc.)
- Has difficulty understanding abstract concepts (e.g., time, distance, speed, units of measurement, etc.)
- Requires repeated experiences to learn what others learn easily 5. Has a short attention span (e.g., does not sit still while a story is being read, does not keep his/her attention on homework assignments, is easily distracted, etc.)
- Does not do homework
- Does not study or prepare for tests or quizzes

The Interpersonal Difficulties subscale assesses social skills conducive to the formation of positive relationships with other persons in the home or residential setting. Items within this subscale include such behaviors as fighting, inappropriate comments, agitation or provocation of others, difficulties at meal times, difficulties within the community, and refusal to follow directions. It encompasses the inclusion of behaviors ranging from the inability to make or keep friends to the acting out/aggressive behavior which interferes with resolving conflict, etc. The range of behaviors runs from passivity to aggressiveness as exhibited in varying forms by all age groups, 4.0 years through 19 years.

K.B. scored within one standard deviation below the mean on the Interpersonal Difficulties subscale. The following are primary behaviors of concern:

- Fights with brothers, sisters, or friends
- Gets upset when bumped, touched, brushed against, etc.

The Inappropriate Behavior subscale is an all encompassing one which represents behavior atypical in the context of the residential environment. It is this area which represents participation in family activities, stealing, sexually-related behavior, cheating, etc. Much of this characteristic deals with the inability to conform to expected patterns of behavior necessary for social/employment success in society. Stability, responsibility, dependability, etc., are behaviors measured by this characteristic.

K.B. scored at two standard deviations below the mean on the Inappropriate Behavior subscale. The following are primary behaviors of concern:

- Behaves more appropriately when alone or with one peer than with a group of peers

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- Ignores consequences of his/her behavior (e.g., knows that his/her behavior will get him/her in trouble but engages in the behavior anyway)
- Lies, denies, exaggerates, distorts the truth
- Gets angry when told he/she is wrong, told to do something a different way, etc.
- Refuses to accept decisions made by parents (e.g., does not take "no" for an answer)
- Is easily frustrated (e.g., gives up easily, does not put forth his/her best effort, etc.)
- Destroys other persons' possessions or property in the community (e.g., deliberately destroys or vandalizes property)
- Has extreme mood changes (e.g., from calm to angry, happy to sad, etc.)
- Is unpredictable in behavior (e.g., does not respond consistently to situations in or around the home)
- Fails to accept failure, losing, or being unsuccessful
- Is not motivated by rewards (e.g., cannot find a reward he/she enjoys)

The Unhappiness/Depression subscale provides a measure of the more subtle indicators of emotional/behavioral problems represented by a pervasive mood of dissatisfaction and negative feelings resulting from personal, home, or school-related experiences. This subscale includes behaviors such as avoidance of group activities, self-blame, difficulty accepting suggestions or constructive criticism, lack of affect (e.g., smiling or laughing), apparent fatigue, apathy, frowning, scowling, and overly critical or pessimistic comments directed at oneself.

K.B. scored at one standard deviation below the mean on the Unhappiness/Depression subscale. The following are primary behaviors of concern:

- Throws temper tantrums

The Physical Symptoms/Fears subscale provides a measure of behaviors representing a negative reaction to personal, school, or home experiences. In many cases the behaviors demonstrated under this characteristic constitute a phobic level of response to environmental problems. Included in this subscale are behaviors such as complaints about physical illnesses, self-injury, excessive concern related to family or school problems, temper tantrums, nervous habits, unusual speech habits, tremors, stammering, shaking, or excessive fears.

K.B. scored within one standard deviation above the mean on the Physical Symptoms/Fears subscale and her mother indicated no significant behaviors of

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concern in this subscale.

In the school BES-4:L assessment, within her age range, **K.B.** scored an overall quotient of 78, at the 7th percentile. This score falls more than one standard deviation below the mean, in the At-Risk range. Subscale scores and behaviors of concern are discussed below.

The Learning Problems subscale assesses behaviors conducive to learning, study habits, assignment and homework completion, work habits, academic performance, memory and comprehension skills, and skill in following oral and written directions. It represents the students who do not respond to traditional learning experiences and are not successful in learning without special attention or assistance in the school environment. The understanding is that the learning difficulty is behavioral, thus constituting its inclusion in the need to consider the failure to learn, without other explanation, as a behavior disorder.

K.B. scored at one standard deviation below the mean on the Learning Problems subscale. The following are primary behaviors of concern:

- Does not follow directions, written or verbal, related to academic tasks
- Refuses or fails to complete class assignments or homework
- Responds too quickly and impulsively to questions about academic material

The Interpersonal Difficulties subscale assesses social skills conducive to the formation of positive relationships with peers and teachers. Items within this subscale include such behaviors as fighting, inappropriate comments, agitation or provocation of other students, withdrawn behavior, and lack of acceptance by the student's peers. It encompasses the inclusion of behaviors ranging from the inability to make or keep friends to the acting out/aggressive behavior which interferes with resolving conflict, etc. The range of behaviors runs from passivity to aggressiveness as exhibited in varying forms by all age groups, 4,0 years through 19 years.

K.B. scored at three standard deviations below the mean on the Interpersonal Difficulties subscale. The following are primary behaviors of concern:

- Disrupts the work of others in class
- Verbally or physically threatens other students or teachers
- Tries to interact with other students but is not accepted by them due to his/her behavior

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- Does not recognize or respond appropriately to nonverbal cues (e.g., gestures, facial expressions, body movements, etc.) in social situations
- Refuses to share or allow others to participate
- Responds inappropriately to constructive criticism or comments from others
- Makes derogatory comments or inappropriate gestures to other students or teachers
- Makes derogatory or critical remarks about other people
- Demonstrates inappropriate physical or verbal responses to other students' or teachers' attempts to interact
- Responds inappropriately to praise or recognition from other students or teachers

The Inappropriate Behavior subscale is an all encompassing one which represents behavior atypical in the context of the educational environment. It is this area which represents attendance, stealing, predictability, sexual behavior, cheating, rule-following, etc. Much of this characteristic deals with the inability to conform to expected patterns of behavior necessary for social/employment success in society. Stability, responsibility, dependability, etc., are behaviors measured by this characteristic.

K.B. scored at three standard deviations below the mean on the Inappropriate Behavior subscale. The following are primary behaviors of concern:

- Absent or tardy without legitimate reason
- Fails to participate verbally or physically in group situations
- Demonstrates sudden or dramatic mood changes
- Engages in inappropriate sexually related behaviors
- Demonstrates behaviors not related to immediate situations (e.g., laughs or cries without reason)
- Blames other persons or materials for own failure or difficulty
- Does not obey teachers' directives or classroom rules
- Deliberately makes false statements
- Makes inappropriate noises
- Fails to consider or disregards consequences of own behavior
- Acts impulsively without apparent self-control
- Must have immediate rewards or gratification
- Exhibits off-task behaviors (e.g., stares away from task, does not make eye contact, remains on-task for only brief periods of time)
- Continues to engage in a behavior when it is no longer appropriate (i.e., fails to adapt or modify behavior to different situations)

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- Talks at inappropriate times or makes irrelevant comments
- Uses obscene or profane language

The Unhappiness/Depression subscale provides a measure of the more subtle indicators of emotional/behavioral problems represented by a pervasive mood of dissatisfaction and negative feelings resulting from personal or school-related experiences. This subscale includes behaviors such as avoidance of group activities, self-blame, difficulty accepting suggestions or constructive criticism, suicidal comments, lack of affect (i.e., smiling or laughing), apparent fatigue, apathy, frowning, scowling, and overly critical or pessimistic comments directed at oneself.

K.B. scored at one standard deviation below the mean on the Unhappiness / Depression subscale. The following are primary behaviors of concern:

- Exhibits overly pessimistic or negative attitude (e.g., interprets most situations in a negative manner, fails to acknowledge positive circumstances, etc.)
- Indicates that he/she is not happy through physical expression (e.g., temper tantrums, etc.)
- Indicates that he/she is not happy through verbal expression (e.g., talks about being unhappy, yells, complains, etc.)

The Physical Symptoms/Fears subscale provides a measure of behaviors representing a negative reaction to personal or school experiences. In many cases the behaviors demonstrated under this characteristic constitute a phobic level of response to environmental problems. Included in this subscale are behaviors such as complaints about physical illnesses, self-injury, excessive concern related to family or school problems, temper tantrums, nervous habits, unusual speech habits, tremors, stammering, shaking, or excessive fears.

K.B. scored at one standard deviation below the mean on the Physical Symptoms / Fears subscale. The following are primary behaviors of concern:

- Physically runs away from personal or school experiences
- Engages in excessive or unnecessary body movements (e.g., rocking motions, running)

SURVEY OF COMMON CHARACTERISTICS

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The Wayne County RESA developed an instrument, the SURVEY OF COMMON CHARACTERISTICS, to assist multi-disciplinary teams in assessing if a student's challenging behavior stems more from social maladjustment or an emotional impairment. Social maladjustment is conceptualized as a conduct problem, wherein maladjusted students choose not to conform to socially acceptable rules and norms. Socially maladjusted students demonstrate knowledge of school/social norms and expectations and consistently demonstrate a pattern or intentionally choosing to break rules and violate norms of acceptable behavior. Maladjusted youth perceive themselves as "normal." Although these students are capable of behaving appropriately, they choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. Thus, intentionality is the distinguishing feature between social maladjustment and emotional impairment.

The SURVEY OF COMMON CHARACTERISTICS is comprised of 56 true/false statements, and respondents are asked to decide if each statement is "mostly true or mostly false" for the student in question. Scoring involves comparing the number of true statements for the common characteristics of emotional impairment versus the common characteristics of social maladjustment. This instrument is not meant to be an exclusive data source on behavior for a special education evaluation, but it does provide an additional tool and source of data in a differential assessment.

One of **K.B.**'s core general education teachers, Ms. Doorlag, who also completed the BES-4 assessment, completed the SURVEY OF COMMON CHARACTERISTICS on October 11, 2019. The title of the document was removed so that emotional impairment and social maladjustment were not mentioned; the survey was completed as a list of 56 true/false statements regarding **K.B.**'s behavior at school. Out of 28 possible responses in the Common Characteristics of Emotional Impairment, the teacher scored 9 as true for **K.B.** Out of 28 possible responses for the Common Characteristics of Social Maladjustment, the teacher scored 14 as true for **K.B.**

K.B.'s mother, **H.B.**, who also completed the BES-4 assessment, completed the SURVEY OF COMMON CHARACTERISTICS on September 26, 2019. The title of the document was removed so that emotional impairment and social maladjustment were not mentioned; the survey was completed as a list of 56 true/false statements regarding **K.B.**'s behavior at home. Out of 28 possible responses in the Common Characteristics of Emotional Impairment, 13 were

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scored as true for **K.B.** Out of 28 possible responses for the Common Characteristics of Social Maladjustment, 19 were scored as true for **K.B.**

The results of this survey, from both the teacher's and the parent's ratings, point to social maladjustment as a potential explanation for **K.B.** behavior.

GUIDELINES AND ELIGIBILITY:

R 340.1713 "Specific Learning Disability" defined; determination

R 340.1713 "Specific learning disability" defined/determination:

Rule 13.

Specific learning disability means a disorder in 1 or more of the basic psychological processes involved in understanding or using language, spoken, or written, that may manifest itself in the imperfect ability to listen, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of cognitive impairment, of emotional impairment, of autism spectrum disorder, or of environmental, cultural, or economic disadvantage.

One may determine that a child has a specific learning disability if:

(1) The child does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:

- (i) Oral expression.
- (ii) Listening comprehension.
- (iii) Written expression.
- (iv) Basic reading skill.
- (v) Reading fluency skills.
- (vi) Reading comprehension.
- (vii) Mathematics calculation.
- (viii) Mathematics problem solving.

K.B. does not achieve adequately in all areas.

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(2)(i) The child does not make sufficient progress to meet age or State approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child's response to scientific, research-based intervention; or

K.B. does not make sufficient progress towards grade-level standards.

(ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments.

- **K.B.** 2018 MET report (noted above) did not show a pattern of strengths and weaknesses. **K.B.** refused to participate in the evaluation this year. There is no new data that suggest a pattern of strengths and weaknesses exist.

(3) The group determines that its findings are not primarily the result of:

- (i) A visual, hearing, or motor disability;
- (ii) Mental retardation;
- (iii) Emotional disturbance;
- (iv) Cultural factors;
- (v) Environmental or economic disadvantage; or
- (vi) Limited English proficiency.

R 340.1709a "Other health impairment" defined/determination:

Rule 9a.

(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

- (a) Is due to chronic or acute health problems such as any of the following:
 - (i) Asthma.
 - (ii) Attention deficit disorder.
 - (iii) Attention deficit hyperactivity disorder.
 - (iv) Diabetes.
 - (v) Epilepsy.
 - (vi) A heart condition.
 - (vii) Hemophilia.
 - (viii) Lead poisoning.
 - (ix) Leukemia.
 - (x) Nephritis.
 - (xi) Rheumatic fever.
 - (xii) Sickle cell anemia.

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Kalamazoo Community Mental Health provided the Kalamazoo Public Schools with a diagnosis document dated 7/15/2019 indicating K.B. was diagnosed with Oppositional Defiant Disorder (ODD) and a rule-out of Attention Deficit Hyperactivity Disorder (ADHD) at her CMH intake interview, which led to her referral for wraparound and home-based therapy services. There are no diagnoses (ADHD or otherwise) from a physician in K.B.'s medical records from the Family Health Center.

(b) The impairment adversely affects a student's educational performance.

Data, and observations of K.B.'s behavior, are not consistent with a lack of impulse control or hyperactivity. Her behaviors at school appear to be more intentional and willful, consistent with the diagnosis of ODD she received from KCMH.

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:

- (a) An orthopedic surgeon.
- (b) An internist.
- (c) A neurologist.
- (d) A pediatrician.
- (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

Records from the Family Health Center indicate that K.B. was last seen in 2017. The report indicated no diagnosis by any professionals noted above.

As parts (1) and (2) of the OHI guidelines are not met, K.B. is not eligible for special education services under the OHI label.

This Disability/difficulty with educational performance is not be due to lack of instruction in Reading or Math, due to English as Second Language (or ELL issues), and is not be due to environmental/economic or cultural disadvantage

R 340.1705 "Emotional Impairment" defined; determination

Rule 6. (1) The emotionally impaired shall be determined through manifestation of behavioral problems primarily in the affective domain, over an

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extended period of time, which adversely affect the person's education to the extent that the person cannot profit from regular learning experiences without special education support. The problems result in behaviors manifested by 1 or more of the following characteristics:

- (a) Inability to build or maintain satisfactory interpersonal relationships within the school environment.

K.B. has quickly developed friendships within the school setting. She is viewed as a leader within her peer group and frequently interacts with male and female peers. K.B. tends to gravitate towards peers who engage in similar behaviors as she does.

- (b) Inappropriate types of behavior or feelings under normal circumstances.

K.B. engages in a high rate of inappropriate behavior in the classroom and unstructured settings at Milwood Magnet School. She frequently skips class to interact with her peers. K.B. threatens peers and frequently directs obscenities to staff and students. She has received numerous referrals and suspensions. Ms. Doorlag's scores for "Inappropriate Behavior" and "Interpersonal Difficulties" on the school BES fell in the clinically significant range, mirroring K.B.'s discipline records at school.

H.B. scores for "Inappropriate Behavior" on the home BES were in the at-risk range. Anecdotally, H.B. does not report extreme misbehavior at home or in the community.

- (c) General pervasive mood of unhappiness or depression.

K.B. does not exhibit a pervasive mood of unhappiness or depression. BES scores do not indicate significant signs of unhappiness or depression.

- (d) Tendency to develop physical symptoms or fears associated with personal or school problems.

K.B. does not meet this criteria. BES scores do not indicate this is a clinically significant area of concern.

(2) The term "emotionally impaired" also includes persons who, in addition to the above characteristics, exhibit maladaptive behaviors related to schizophrenia or similar disorders. The term "emotionally impaired" does not include persons who are socially maladjusted, unless it is determined that such persons are emotionally impaired.

~~Primary signs of emotional impairment are manifested by behaviors that are socially maladjusted, unless it is determined that such persons are emotionally impaired.~~

• ~~_____~~
(3) The emotionally impaired shall not include persons whose behaviors are primarily the result of intellectual, sensory, or health factors.

The team is not making this recommendation based on intellectual, sensory, or health factors.

(4) A determination of impairment shall be based on data provided by a multidisciplinary team, which shall include a comprehensive evaluation by both of the following:

(a) A psychologist or psychiatrist

(b) A school social worker

(2) A determination of impairment shall not be based solely on behaviors relating to environmental, cultural, or economic differences.

(3)

A school psychologist and social worker participated in this evaluation

While K.B. does exhibit inappropriate behaviors within the school environment, her behaviors are more consistent with social maladjustment than an Emotional Impairment. K.B. is not eligible for special education services under the EI label.

This recommendation is not based on a lack of exposure to instruction in reading and math, nor is it the result of limited proficiency in English.

SUMMARY AND RECOMMENDATIONS:

The Multidisciplinary Evaluation Team (MET) recommends that an Individualized Educational Planning Committee meeting be held to share this report and make an appropriate plan for K.B.

The MET further recommends the following:

K.B. does not qualify for special education services.

Any questions regarding this report should be addressed to:

Erik Eldred S.Psy.S
School Psychologist

Kirsten Jennings, LMSW
School Social Worker